

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED

JAN 27 2011

Secretary of State
Capitol Office
DATE STAMP

Name of Candidate Nolan MettetalAddress P.O. Box 414, Sardis, ms 38666Telephone 662-487-1512 Fax _____Contact Name Nolan Mettetal Email _____Office Sought Senate Dist. 10 Political Party Republican
☐ Check here if above is different from previous report

TYPE OF REPORT

- ____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- ____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- X January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 15,054.70 + \$ 1,600.00	\$ 16,654.70	\$ 16,654.70
Total amount of disbursements	\$ 4,284.37 + \$ 3,474.34	\$ 7,758.71	\$ 7,758.71
Total amount of cash on hand		\$ 122,042.21	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39206 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Nolan Mattetel for Senate Page 1 of 6
 Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bayer Healthcare</u>		<u>9/9/10</u>	\$ <u>300.00</u>
Mailing Address <u>424 Permbrook Dr.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Madison MS 39110</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>300.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Motorola</u>		<u>9/9/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 68429</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u> Schaumburg, Ill. 60168</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BNSF</u>		<u>9/9/10</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 961039</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Fort Worth, Texas</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Rental Pac</u>		<u>9/9/10</u>	\$ <u>500.00</u>
Mailing Address <u>2630 Ridge wood Rd. Suite C</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, ms</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Nolan Mettetal for Senate
Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chevron Inc. Pac</u>		<u>9/9/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1300</u>		<u> / / </u>	\$
City, State, Zip Code <u>Pascagoula, MS</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Power Pac</u>		<u>9/30/10</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 4079</u>		<u> / / </u>	\$
City, State, Zip Code <u>Gulfport, MS</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Center Mgmt. Co. LLC</u>		<u>9/30/10</u>	\$ <u>1000.00</u>
Mailing Address		<u> / / </u>	\$
City, State, Zip Code <u>St Louis, MO 63105</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Advance America</u>		<u>11/10/10</u>	\$ <u>500.00</u>
Mailing Address <u>135 N. Church St.</u>		<u> / / </u>	\$
City, State, Zip Code <u>Spartanburg, SC</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Nolan Mettetal for Senate
 Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chec K into Cash</u>	<u>11/8/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 550</u>	<u> / / </u>	\$
City, State, Zip Code <u>Cleveland, TN</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Grand Truck Western RR Co.</u>	<u>10/12/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 5025</u>	<u> / / </u>	\$
City, State, Zip Code <u>Troy, Michigan</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Altria</u>	<u>10/20/10</u>	\$ <u>500.00</u>
Mailing Address <u>333 N. Point Centre</u>	<u> / / </u>	\$
City, State, Zip Code <u>Alpharetta, Ga.</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T Pac</u>	<u>11/8/10</u>	\$ <u>1000.00</u>
Mailing Address <u>125 E. Capitol St. Landmark Center</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS</u> <u>Room 703</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee Nolan Meffett for Senate Page 4 of 6
 Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAE Pac</u>		<u>12/8/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 39</u>		<u> / / </u>	\$
City, State, Zip Code <u>Olive Branch, ms</u>		<u> / / </u>	\$
Name of Employer (Required) 		<u> / / </u>	\$
Occupation (Required) 		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Atmos Energy</u>		<u>12/8/10</u>	\$ <u>1000.00</u>
Mailing Address <u>5430 LBJ Freeway Suite 160</u>		<u> / / </u>	\$
City, State, Zip Code <u>Dallas, Texas</u>		<u> / / </u>	\$
Name of Employer (Required) 		<u> / / </u>	\$
Occupation (Required) 		Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Assc. for Home care</u>		<u>12/8/10</u>	\$ <u>300.00</u>
Mailing Address <u>134 Fairmont St Ste. B</u>		<u> / / </u>	\$
City, State, Zip Code <u>Clinch, ms 39056</u>		<u> / / </u>	\$
Name of Employer (Required) 		<u> / / </u>	\$
Occupation (Required) 		Aggregate year-to-date	\$ <u>300.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Friedken Business Services</u>		<u>12/30/10</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 441887</u>		<u> / / </u>	\$
City, State, Zip Code <u>Houston, Texas</u>		<u> / / </u>	\$
Name of Employer (Required) 		<u> / / </u>	\$
Occupation (Required) 		Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee Nolan Metteta / for Senate
 Reporting period 11/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Comcast</u>		<u>12/30/10</u>	\$ <u>1000.00</u>
Mailing Address <u>One Comcast Center 1701 John Kennedy Blvd.</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>Philadelphia, Pa</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>General Electric</u>		<u>12/30/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 9544</u>		<u>1/5/10</u>	\$ <u>1000.00</u>
City, State, Zip Code <u>Fort Myers, FL</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Baker Donelson MS Pac</u>		<u>12/30/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 14167</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>Jackson, MS</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia Pacific</u>		<u>12/30/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 61270</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>Phoenix, AZ</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>590.00</u>

Name of Candidate or Committee Nolan Mettetal for Senate

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Walgreen's</u>		<u>12/31/10</u>	<u>\$ 500.00</u>
Mailing Address <u>104 Wilmont Rd.</u>		<u>___/___/___</u>	<u>\$</u>
City, State, Zip Code <u>Deerfield, IL 60015</u>		<u>___/___/___</u>	<u>\$</u>
Name of Employer (Required) <u>Walgreen's</u>		<u>___/___/___</u>	<u>\$</u>
Occupation (Required) <u>Walgreen's</u>		Aggregate year-to-date	<u>\$ 500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Griner Drilling Service, Inc</u>		<u>8/10/10</u>	<u>\$ 250.00</u>
Mailing Address <u>P.O. Box Drawer 85</u>		<u>___/___/___</u>	<u>\$</u>
City, State, Zip Code <u>Columbia, MS</u>		<u>___/___/___</u>	<u>\$</u>
Name of Employer (Required) <u>Griner Drilling Service, Inc</u>		<u>___/___/___</u>	<u>\$</u>
Occupation (Required) <u>Griner Drilling Service, Inc</u>		Aggregate year-to-date	<u>\$ 250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Hutchson Enterprises</u>		<u>5/17/10</u>	<u>\$ 250.00</u>
Mailing Address <u>Sparkman Drive, Ste C</u>		<u>___/___/___</u>	<u>\$</u>
City, State, Zip Code <u>Huntsville, AL 35816</u>		<u>___/___/___</u>	<u>\$</u>
Name of Employer (Required) <u>Hutchson Enterprises</u>		<u>___/___/___</u>	<u>\$</u>
Occupation (Required) <u>Hutchson Enterprises</u>		Aggregate year-to-date	<u>\$ 250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>First Security Bank</u>		<u>12/31/10</u>	<u>\$ 34.55</u>
Mailing Address <u>Main St.</u>		<u>12/31/10</u>	<u>\$ 620.15</u>
City, State, Zip Code <u>Sardis, MS</u>		<u>___/___/___</u>	<u>\$</u>
Name of Employer (Required) <u>First Security Bank</u>		<u>___/___/___</u>	<u>\$</u>
Occupation (Required) <u>First Security Bank</u>		Aggregate year-to-date	<u>\$ 704.70</u>

Name of Candidate or Committee Nolan Mettetal For MS Senate

Reporting period 1/1/10 through 12/31/10

ITEMIZED DISBURSEMENTS

A. Full name <u>US Post Office</u>	Date (Mo., Day, Year) <u>1/15/10</u>	Amount of each disbursement this period \$ <u>44.00</u>
Mailing Address <u>Sardis, ms</u>	<u>4/8/10</u>	\$ <u>44.00</u>
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u> </u>
B. Full name <u>Same</u>	Date (Mo., Day, Year) <u>6/5/10</u>	Amount of each disbursement this period \$ <u>70.00</u>
Mailing Address	<u>10/15/10</u>	\$ <u>44.00</u>
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u> </u>
C. Full name <u>Same</u>	Date (Mo., Day, Year) <u>12/9/10</u>	Amount of each disbursement this period \$ <u>70.40</u>
Mailing Address	<u> </u>	\$ <u> </u>
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>272.40</u>
D. Full name <u>WBLE</u>	Date (Mo., Day, Year) <u>1/19/10</u>	Amount of each disbursement this period \$ <u>80.00</u>
Mailing Address	<u>2/1/10</u>	\$ <u>80.00</u>
City, State, Zip Code <u>Batesville, ms</u>	<u>3-15-10</u>	\$ <u>80.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u> </u>
E. Full name <u>Same</u>	Date (Mo., Day, Year) <u>4/19/10</u>	Amount of each disbursement this period \$ <u>80.00</u>
Mailing Address	<u>5/17/10</u>	\$ <u>80.00</u>
City, State, Zip Code	<u>6/21/10</u>	\$ <u>80.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>80.00</u>
F. Full name <u>Same</u>	Date (Mo., Day, Year) <u>9/20/10</u>	Amount of each disbursement this period \$ <u>80.00</u>
Mailing Address	<u>10/18/10</u>	\$ <u>80.00</u>
City, State, Zip Code	<u>11/15/10</u>	\$ <u>80.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>880.00</u>

Name of Candidate or Committee

Nolan Metteff for MS Senate

Reporting period

1/1/10

through

12/31/10

ITEMIZED DISBURSEMENTS

A. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Billy Hewes Campaign		4/26/10	\$ 1000.00
Mailing Address			
P.O. Box 1842			
City, State, Zip Code			
Gulfport, MS			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 1000.00
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
North Delta Schools		5/3/10	\$ 1000.00
Mailing Address			
City, State, Zip Code			
Batesville, MS			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 1000.00
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Magnolia Heights Schools		11/10/10	\$ 500.00
Mailing Address			
City, State, Zip Code			
Senatobia, MS			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 500.00
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Blossom's		5/6/10	\$ 111.28
Mailing Address		8/19/10	\$ 66.24
City, State, Zip Code		10/18/10	\$ 88.81
Batesville, MS			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 266.33
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Sam's Wholesale Club		4/19/10	\$ 195.19
Mailing Address			
City, State, Zip Code		12/30/10	\$ 170.45
Ridgeland, MS			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 365.64
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$